

CLAIMS ONLY						Application Number <i>10768363</i>	Filing Date			
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			1				Total Indep			
Total Depend		←	6	←			Total Depend	←	←	←
Total Claims			9				Total Claims			